



## OIEC Customer Complaint Form

Name:

Date:

Address:

Phone number: (    )

City:

DWC #:

State:

Zip Code:

Organization (if any):

OIEC cares about your issue.

- (1) Please describe your complaint in the space provided,
- (2) Print the form, and
- (3) Submit the printed form to: OIEC, 7551 Metro Center Drive, #100, MS-50, Austin, TX 78744

Thank you for your time in noting your above concern. OIEC will make every effort possible to review your complaint and take action if necessary. We will provide a response to you within 30 business days from the date the complaint was received in the Central Office.

### ***For OIEC use only***

Date Received: \_\_\_\_\_

Date Action Taken: \_\_\_\_\_

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information the Office of Injured Employee Counsel collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have the Office of Injured Employee Counsel correct information that is incorrect (Government Code, §559.004).